

REQUEST TO ESTABLISH

CHARGE ACCOUNT WITH COLUMBIA COUNTY SOLID WASTE MANAGEMENT

REQUESTED BY: _____ (NAME OF COMPANY)

ADDRESS: _____

BUSINESS PHONE NO.: _____ COMPANY'S FEDERAL I.D. # _____

COMPANY REPRESENTATIVE: _____

HOME PHONE NO.: _____

LENGTH OF TIME IN BUSINESS: _____

NAME OF BANK YOU DO BUSINESS WITH: _____

NAME OF VEHICLE INSURANCE CARRIER: _____

GIVE BUSINESS REFERENCES WITH CONTACT PERSON AND PHONE NUMBER:

(1) _____ (3) _____

(2) _____ (4) _____

NOTICE

(1) PAYMENT IN FULL DUE **45 DAYS** FROM DATE OF BILL. A **1%** LATE FEE WILL BE CHARGED PER 30 DAYS.

(2) HISTORY OF LATE PAYMENTS WILL RESULT IN LOSS OF USE OF A CHARGE ACCOUNT WITH COLUMBIA COUNTY. THREE OCCURRENCES IN ANY 12 MONTHS WILL RESULT IN PERMANENT CHARGE ACCOUNT PRIVILEGES.

(3) ALL RETURNED CHECKS TO BE PAID BY CASH OR MONEY ORDER ONLY AND CHARGED **\$25.00** RETURN CHECK FEE PER CHECK.

APPROVED BY:

MANAGER SOLID WASTE MANAGEMENT

DATE: _____

REQUESTED BY:

OWNER OR AUTHORIZED REP.

TITLE: _____

DATE: _____

CONTACT 868-3368 FOR INFORMATION.